| UNITED STATES DISTRICT COURT<br>NORTHERN DISTRICT OF CALIFORNIA<br>CAND 435<br>(CAND Rev. 08/2018)                                  |                     |                    |   | TRANSCRIPT ORDER  Please use one form per court reporter.  CJA counsel please use Form CJA24  Please read instructions on next page. |                          |                       |   |                      |                     |                      |                           |                                     | COURT USE ONLY <b>DUE DATE:</b> |                     |                   |          |  |
|---|---------------------|--------------------|---|--|--------------------------|-----------------------|---|----------------------|---------------------|----------------------|---------------------------|-------------------------------------|---------------------------------|---------------------|-------------------|----------|--|
| 1a. CONTACT PERSON FOR THIS ORDER   |                     |                    |   | 2a. CONTACT PHONE NUMBER   |                          |                       |   |                      |                     | 3. CON               | 3. CONTACT EMAIL ADDRESS  |                                     |                                 |                     |                   |          |  |
| 1b. ATTORNEY NAME (if different) 2b. A  |                     |                    |   |  | o. ATTORNEY PHONE NUMBER |                       |   |                      |                     |                      | 3. ATTORNEY EMAIL ADDRESS |                                     |                                 |                     |                   |          |  |
| 4. MAILING ADDRESS (INCLUDE LAW FIRM NAME, IF APPLICABLE)   |                     |                    |   |  |                          | 5. CASE               | 5. CASE NAME  |                      |                     |                      |                           |                                     | 6. CASE NUMBER                  |                     |                   |          |  |
| 7. COURT REPORTER NAME ( FOR FTR, LEAVE BLANK AND CHECK BOX)→ ☐ FTR   |                     |                    |   |  |                          |                       | 8. THIS TRANSCRIPT ORDER IS FOR:  APPEAL CIVIL CJA: Do not use this form; use Form CJA24. |                      |                     |                      |                           |                                     |                                 |                     |                   |          |  |
| 9. TRANSCRIF  | PT(S) REQUESTED (   | Specify porti      | on(s) and date(s) of proce  | eeding(:   | s) for which             | transcript            | is requested  | d), format(s)        | & quantity ar       | nd delivery          | type:                     |                                     |                                 |                     |                   |          |  |
|   |                     |                    |   |  |                          |                       | FORMAT(S) (NOTE: ECF access is included rchase of PDF, text, paper or condensed.)         |                      |                     |                      |                           | DELIVERY TYPE (Choose one per line) |                                 |                     |                   |          |  |
| DATE  | JUDGE<br>(initials) | TYPE<br>(e.g. CMC) | PORTION<br>If requesting less than full hea<br>specify portion (e.g. witness or t | aring,<br>time)  | PDF<br>(email)           | TEXT/ASCII<br>(email) | PAPER   | CONDENSED<br>(email) | ECF ACCESS<br>(web) | ORDINARY<br>(30-day) | 14-Day                    | EXPEDITED<br>(7-day)                | 3-DAY                           | DAILY<br>(Next day) | HOURLY<br>(2 hrs) | REALTIME |  |
|   |                     |                    |   |  | 0                        | 0                     | 0   | 0                    | 0                   | 0                    | 0                         | 0                                   | 0                               | 0                   | 0                 | 0        |  |
|   |                     |                    |   |  | 0                        | 0                     | 0   | 0                    | 0                   | 0                    | 0                         | 0                                   | 0                               | 0                   | 0                 | 0        |  |
|   |                     |                    |   |  | 0                        | 0                     | 0   | 0                    | 0                   | 0                    | 0                         | 0                                   | 0                               | 0                   | 0                 | 0        |  |
|   |                     |                    |   |  | 0                        | 0                     | 0   | 0                    | 0                   | 0                    | 0                         | 0                                   | 0                               | 0                   | 0                 | 0        |  |
|   |                     |                    |   |  | 0                        | 0                     | 0   | 0                    | 0                   | 0                    | 0                         | 0                                   | 0                               | 0                   | 0                 | 0        |  |
|   |                     |                    |   |  | 0                        | 0                     | 0   | 0                    | 0                   | 0                    | 0                         | 0                                   | 0                               | 0                   | 0                 | 0        |  |
| 10. ADDITION  | IAL COMMENTS, IN    | STRUCTIONS         | , QUESTIONS, ETC:   |  |                          |                       |   |                      |                     |                      |                           |                                     |                                 |                     |                   |          |  |
| ORDER & CERTIFICATION (11. & 12.) By signing below, I certify that I will pay all charges (deposit plus additional).  11. SIGNATURE |                     |                    |   |  |                          |                       |   |                      |                     |                      |                           | 12. DA                              | TE                              |                     |                   |          |  |